the direction of the anterior sup. spinous process. The various structures were divided on the grooved director until the fatty capsule was reached, and divided after all bleeding had been stopped. During the previous steps of the operation the kidney had been held in place by pressure from a pad in the hand of an assistant, and could now be seen moving up and down with each respiration, and fortunately was not enclosed in a mesonephron. The kidney was now secured by a tenaculum forceps, the fibrous capsule divided, and a flap an inch and a half long, and half an inch in width, reflected on each side. Each flap of fibrous capsule was then secured by three interrupted silk sutures to the corresponding portion of the transversalis fascia. The wound was then dried, a drainage tube carried to its bottom, and closed by interrupted silk-worm gut sutures, the two centre ones including a considerable portion of cortical kidney tissue. Dry antiseptic dressings, and a roller bandage completed the toilet, and patient was put to bed. There was comparatively little shock, urine was passed normally within a few hours, and during the convalescence which was uneventful and uninterrupted, showed no abnormal constituents. The temperature never rose above 100°. The drainage tube was removed on the third day, nothing coming through it. The sutures were removed on the eighth day, and union by first intention had obtained throughout. At time of writing, eight months after the operation, the patient is greatly improved in general health, filling a position as housemaid, and the kidney remains *in situ*.

DISEASES OF THE STOMACH.

At the recent meeting of the Canadian Medical Association Dr. A. McPhedran, of Toronto, delivered the "Address on Medicine," taking for his subject "Diseases of the Stomach: the most recent methods devised for their diagnosis and treatment."

The paper appeared in full in the *Canadian Practitioner*, and we thought a resume of some of its chief points would be interesting to our readers, for, until quite recently, the literature upon this subject has been somewhat limited:

Beginning at the mouth, the process of digestion is carried on during the passage of the food through the stomach and the greater portion of the intestinal tract. Defect in any part of the course may disturb the process in the whole, thereby furnishing products to the circulation, which may evolve a train of symptoms most distressing and complicated.

Formerly, the major part of the function of digestion was assigned to the stomach, and it was considered that little could go wrong so long as *its* work was effectively done. While the latter is to a great extent true, yet later investigations have shown that nature, in view of the importance of the proper digestion of the food, has been very liberal in her provision for effecting this purpose. A double provision is made for the proper solution of each of the three great classes of food, viz., the farinaceous food by the saliva and the pancreatic juices; the albuminous by the gastric and pancreatic juices; and the fats by the pancreatic juice and the bile. In view of these facts, and for the further reason that after the removal of the stomach some of the lower animals continue to have a comfortable existence, some have come to regard the pancreas as the most important organ of digestion, and to view the stomach as little more than a receptacle and "warming pan" for the food. This is the swing of the pendulum to the opposite extreme. We have abundance of clinical evidence to prove that the importance of the stomach cannot be overestimated: that an active performance of its function is essential to perfect digestion and our well-being.

The stomach may be said to have a threefold function to fulfil:

(1) To receive the food and lead partly to the conversion of the amylaceous and albuminous portions into absorbable bodies; the amylaceous change being effected by the saliva, and the albuminous by the gastric juice—the process being completed in the intestine.

(2) By its acidity to protect the food from fermentation and decomposition.

(3) To discharge its contents, partly by absorption into the blood, but mostly through the pylorus into the duodenum after its own share of the digestion has been completed; the discharge occurring gradually, so as not to overload the duodenum.